

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised May 08, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-037-20051
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	ANNA KATHERYN
8. Well Number	1
9. OGRID Number	221076
10. Pool name or Wildcat	WILDCAT

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  
PROPOSALS.)

1. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
CKG ENERGY

3. Address of Operator  
PO BOX 1065 TUCUMCARI, NM 88401

4. Well Location  
Unit Letter 1 660' WEST 1980' SOUTH  
feet from the 10N line and 27E feet from the QUAY line  
Section 19 Township 10N Range 27E NMPM County QUAY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4365' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

PULL OR ALTER CASING ☐ MULTIPLE ☐  
COMPLETION

CASING TEST AND ☐  
CEMENT JOB

OTHER: ☐

OTHER: CHANGE OF OPERATOR ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

CKG ENERGY IS SOLE OPERATOR UNDER NEW MEXICO PLUGGING BOND

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE AGENT DATE 07-15-03

Type or print name MIKE VOWELL Telephone No. (505) 365- 7682  
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 7/28/03

Conditions of approval, if any